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Signature of Sender:

Renate HoedchName of Sender:  
Renate HOECKH

PATENT

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:	TEPPKE, Dieter	) Examiner:
Appl. No.:	10/543,195	) YOO, R.M.
Filing Date:	July 22, 2005	) Art Unit:
For:	METHOD AND DEVICE FOR	) 1744
	DISINFECTING A MICROTOME	)
	CRYOSTAT	)

Atty. Docket No.: U198US(PCT)

## AMENDMENT TRANSMITTAL LETTER

MAIL STOP AMENDMENT  
Commissioner for Patents  
Alexandria, VA 22313-1450  
U.S.A.

Transmitted herewith is an amendment in the above identified application. Please note the following checked items.

(X) No additional fee is required.

( ) The fee has been calculated as shown below:

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NR. 421

S. 2/14

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Atty. Docket: U198US(PCT)

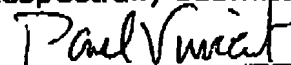
S.N. 10/543,195 filed July 22, 2005  
TEPPKE, Dieter

## CLAIMS AS AMENDED

	Claims Remaining After Amendment		Highest Number Previously Paid For	Present Number Extra	Rate	FEE
Total claims	22	-	22	X	x\$ 50	0
Independent claims	3	-	3	X	x\$ 210	0
Multiple dependent claim added					+\$ 370	0
					TOTAL \$	0
( ) If small entity, then divide total fee by 2					SMALL ENTITY TOTAL \$	0

- ( ) A Petition for Extension of time under 37 CFR 1.136(a)
- ( ) Please charge Deposit Account Number 11-1447 in the amount of \$  
for the extension fee.
- (X) The Commissioner is hereby authorized to charge payment of fees  
associated with this communication or credit any overpayment to  
Deposit Account Number 11-1447.
- (X) Applicant believes that no extension of term is required. However,  
this conditional petition is being made to provide for the possibility that  
applicant has inadvertently overlooked the need for a petition and fee  
for extension of time.

Respectfully submitted



Dr. Paul Vincent

Reg. No. 37,461

November 1, 2007

Date

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Atty. Docket No.: U198US(PCT)

**AMENDMENT**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450  
USA

This communication is in response to the Office Action in the instant application mailed on August 7<sup>th</sup>, 2007. Please amend this application as indicated below.